

Rev. 10/13

United States District Court  
District of Rhode Island

**Eugene NE Santos**

Plaintiff

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

v.

CASE NUMBER: 2020-00500368 Police Report

**Stephanie Ann Dixon**

Defendant

I, Eugene Nicholas Ermilo Santos (Signature), declare that I am the (check appropriate box)



Petitioner/Plaintiff/Movant



other \_\_\_\_\_

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?



Yes



No

(If "No," go to part 2)

If "Yes," state the place of your incarceration:

Are you employed at the institution?



Yes



No

Do you receive any payment from the institution?



Yes



No

If the answer is "Yes," attach a certified ledger sheet from the institution(s) of your incarceration showing at least the past (6) six months' transactions.

2. Are you currently employed?



Yes



No

a) If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer:

b) If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

Also, explain how you have been supporting yourself:

**I was a former Employee of the Campus**

**I worked through University Dining At Starbucks**

**During my time as an employee I received unwanted physical contact from a University Orientation Leader Who Needs to be Informed About The Clery Act  
I was told by a dispatcher my homosexuality is not welcome at work or church, I am disabled**

3. Have you received in the past (12) twelve months, or do you anticipate receiving in the future, any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a) Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b) Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c) Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d) Disability or workers compensation payments    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| e) Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f) Any other persons or sources                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe each source of money and state the amount received and what you expect you will continue to receive:

I plan to be approved for Social Security Payments after outlining the Nature of My Disability during my pursuit as a Police Officer, Fire Fighter and United States Navy Seals Cadet

I battle depression, terminal illness and heart disease daily

4. List anyone who helps support you or shares support in any way and describe the type and amount of such support for the last twelve months. If no one, write "NO ONE."

5. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount:

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value:

how correction of any error(s) would result in the case being opened for investigation; failure to do so may result in dismissal of the appeal. Please be advised that the University must not harass, coerce, intimidate, discriminate, or otherwise retaliate against an individual because that individual asserts a right or privilege under a law enforced by OCR or files a complaint, testifies, assists, or participates in a proceeding

7. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☐ Yes ☒ No

If "Yes," describe and provide the amount of the monthly expense:

have jurisdiction, or authority, to investigate complaints against the Warwick Police Department.

enforces federal laws that prohibit discrimination based on race, color, national origin, sex, age, and disability in programs and/or activities that receive federal financial assistance from the Department. OCR also enforces the Boy Scouts of America Equal Access Act of 2001, which applies to certain public schools and educational agencies that receive federal financial assistance from the Department.

8. Do you have any debts or financial obligations? ☒ Yes ☐ No

If "Yes," describe the amounts owed and to whom they are payable:

Student Loans

Credit Cards

Personal Loans

Serious Amount of Debt More Than 100,000 Thousand Dollars

I would use the lawsuit settlement to restore my name in Good Faith

9. Have you transferred any assets within the last 12 months prior to filing this application?

☐ Yes ☒ No

If "Yes," describe the asset and state its value:

10. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you actually contribute to their support. Please list minor children by initials only.

I declare under penalty of perjury that the above information is true and correct.

August 5th 2020

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**NOTICE TO PRISONER:** A prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

FOR COURT PURPOSES ONLY:

☐ APPROVED

☐ DENIED

\_\_\_\_\_  
U.S. MAGISTRATE JUDGE

\_\_\_\_\_  
DATE